**Recording Form for Safeguarding Concerns**

Staff, volunteers and regular visitors are required to complete this form and pass it to D. Kelly, A. Hughes or L. Kenny if they have a safeguarding concern about a child in our school.

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| --- | --- |
| Information Required | ***Referrer Enter Information Here*** |
| Date: |  |
| Date and time of Incident |  |
| Name of child |  |
| Year group |  |
| Your name and position in the school |  |
| Nature of concern/disclosure  *Please include where you were when the child made a disclosure, what you saw, who else was there, what did the child say or do and what you said.*  *[Ensure that if there is an injury this is recorded (size and shape) and a body map is completed]*  *[Make it clear if you have a raised a concern about a similar issue previously]* |  |
| Your Signature |  |

|  |  |
| --- | --- |
| Information Required | **DSL/DDSL to complete** |
| Time & date received by DSL/DDSl |  |
| Action Taken by DSL/DDS: | If yes – information recorded on CPOMS |
| Advice Sought: |  |
| Referral made:  If not, state reasons why – if yes, record to whom and any action agreed |  |
| Concern/referral discussed with parent/carer  If not, state reasons why – if yes, note discussion with parent |  |
| Feedback given to referring member of staff |  |
| Further Action Agreed |  |
| Full Name of DSL |  |
| Signature of DSL |  |
| Date: |  |